	PLEASE TYPE OR	PRINT	Entered previous May Show							
	☐ Ms. ☐ Mr. Artist Bru	uce Mc(Combs	□ no						
	Permanent 334 Address		Leaf Lan							
	49423 Street	Holland Tel. (618	1,Michiga 399 0793	nCity						
	Zip	Area Code	DR1-05							
7	Temporary or Studio Address	SAME								
	Stree	et	City							
	- 100 May 1	Tel. ()								
	Zip	Area Code								
If you do not presently live in one of the counties of the										
Western Reserve, which county were you born in City										
	Collaborator	None								
(If Any)										
If May Show entries are not accepted or not sold:										
	☐ Artist will pick up at Museum. ☐ Museum should dispose of.									
	☐ Museum should ship to artist C.O.D. at this address:									

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

DO NOT DETACH

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

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